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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15842

FILED MAY 13 1944

Registration District No. 2457 — Primary Registration District No. 3063 — Registrar's No. 1064

1. PLACE OF DEATH:

(a) County St Louis County
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Louis County Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days. (Specify whether)
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town Overland 91
(If outside city or town limits, write "RURAL")
(d) Street No. 3720 Marcus (If rural, give location) 13
(e) Citizen of foreign country? 1 (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Victoria Schneider

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1 | 5. Color or race W | 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Joseph Schneider | 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August (Month) 1869 (Day) (Year)

8. AGE: Years 74 | Months 8 | Days 25 | If less than one day — hr. — min.

9. Birthplace St Joseph Michigan 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER

12. Name Abraham Slater
13. Birthplace Unknown ? (City, town, or county) Unknown 9 (State or foreign country)
14. Maiden name Permelia O'Dell
15. Birthplace Unknown (City, town, or county) Unknown 61 (State or foreign country)

16. (a) Informant Mrs. August Schneider
(b) Address 3720 Marcus Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Sons.
(b) Address 5966-68 Easton Avenue

19. (a) MAY 10 1944 (Date received local registrar) (b) E. J. McHarrah (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1944 hour 6:15 minute A M.

21. I hereby certify that I attended the deceased from April 19, 1944 to May 7, 1944 that I last saw her alive on 5/7/44, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic heart disease	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Carcinoma of stomach	
Major findings: Of operations: Carcinoma of Stomach Intestinal obstruction due to adhesions	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. A. Wilson (M. D. or other) M. D.
Address St. Louis County Hospital Date signed 5-8-44

767 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... Ben Hoffman

Licensed Embalmer No. 4366

P.O. Address..... St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.